


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90033 047 ****69.99

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|---|---|--|--|--|--|
| DOCUMENT # 767110 1. Entity Name LARGO FLORIDA AERIE 4013, FRATERNAL ORDER OF EAGLES, INC. | | | |  | |
| Principal Place of Business 13308 66TH ST N LARGO, FL 33773 US | | | Mailing Address 13308 66TH ST N LARGO, F 33773 US | | |
| 2. Principal Place of Business 13308 66TH STREET NORTH Suite, Apt. #, etc. | | 3. Mailing Address 13308 66TH ST. NORTH Suite, Apt. #, etc. | | | |
| City & State LARGO, FL. | | City & State LARGO, FL. | | 4. FEI Number 59-2191082 | |
| Zip 33773 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent QUALTER, WILLIAM P JR 4000 31ST STREET NORTH SAINT PETERSBURG, FL 33714 | | | 7. Name and Address of New Registered Agent Name William P. Qualter Jr. Street Address (P.O. Box Number is Not Acceptable) 4000 31ST STREET NORTH City ST. PETERSBURG FL Zip Code 33714 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>William P. Qualter Jr.</i></u> DATE <u>3-29-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DISANTO, EDWARD 10034 86 WAY N LARGO, FL 33777 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JONES, PATRICK 8837 79 PL. N. SEMINOLE, FL 33777 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST QUALTER, WILLIAM P JR 4000 31ST STREET NORTH SAINT PETERSBURG, FL 33714 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PAPT STEPHEN, ANTHONY 200 CLENNES LANE APT 110 DUNEDIN, FL 34698 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PAST WORTHY PRESIDENT DAVID F. SARTA 2918 AUSTINGTON DR. LARGO, FL. 33771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>William P. Qualter Jr.</i></u> William P. Qualter Jr. <u>3-29-04</u> <u>727-530-7955</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |